

Name
in
Full

Oliver Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Oella</u> Town		<u>Howard</u> County		MARYLAND	
Date of death	<u>1907</u> Month <u>May</u>	Day <u>12</u>	Age <u>32</u> Years	Months <u>no</u>	Days <u>no</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Maryland</u>			
Occupation <u>Labor</u>	Where Residing if not at place of death <u>Ellicott City</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Fannie Anderson</u>				
Father's Name <u>Edward Anderson</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Laura Kelley</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Joseph Anderson</u>	How related to deceased <u>brother</u>				

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<u>Killed by B&O. train</u>	How long	<u>—</u>
Immediate		How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes.</u>	Signature of Physician	<u>Bernard H. Hallenhorst, Jr.</u>
		Address	<u>Acting Coroner Ellicott City</u>
Accident or <u>accident</u>			<u>Maryland</u>

Hopkins Chapel Highland

Name
in
Full

CERTIFICATE OF DEATH

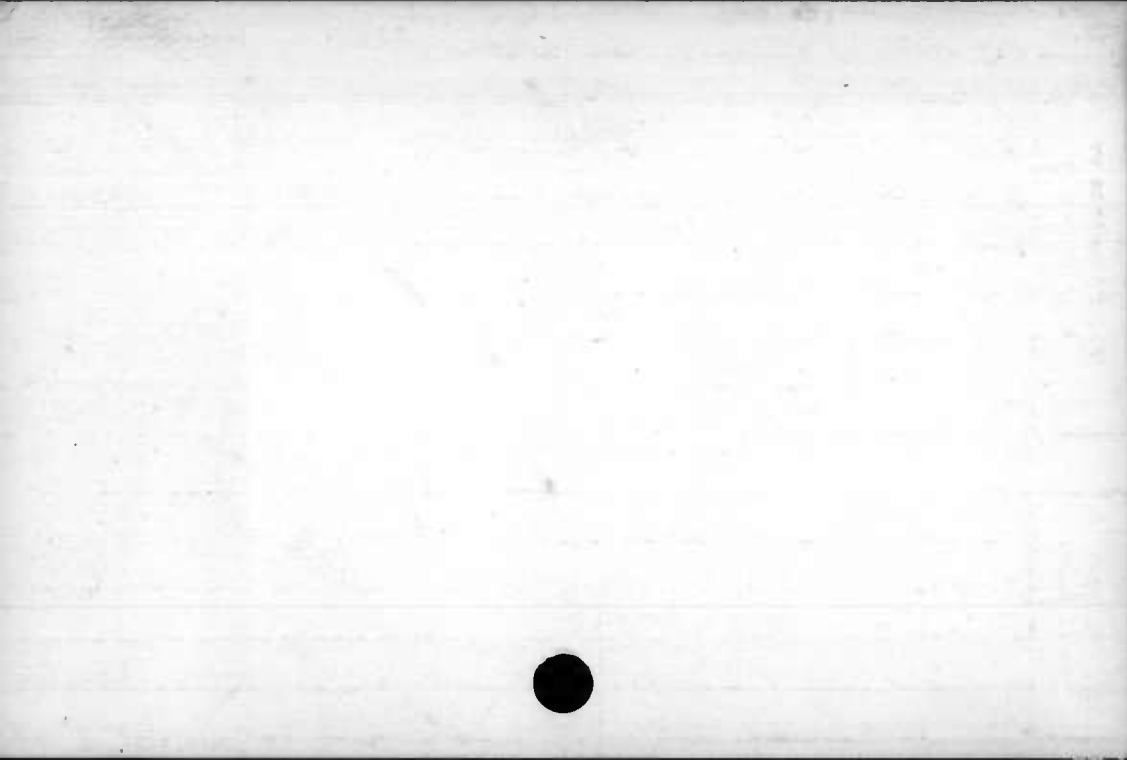
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Swary</i> Town		County <i>Howard</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>21</i>	Age <i>—</i>	Months <i>—</i>	Days <i>20 min.</i>
Sex <i>Boy</i>	Color or Race <i>white</i>		Birthplace <i>Maryland</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Samuel Arnold</i>			Father's Birthplace <i>Little York Pa.</i>		
Mother's Maiden Name <i>Maggie Shepherd</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Maggie Shepherd</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Atelectasis</i>	<i>(151)</i>	How long <i>20 min.</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. W. H. H. H.</i>	
	Address <i>West Friendship</i>	
	<i>Howard County Md.</i>	
Accident or Suicide? <i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

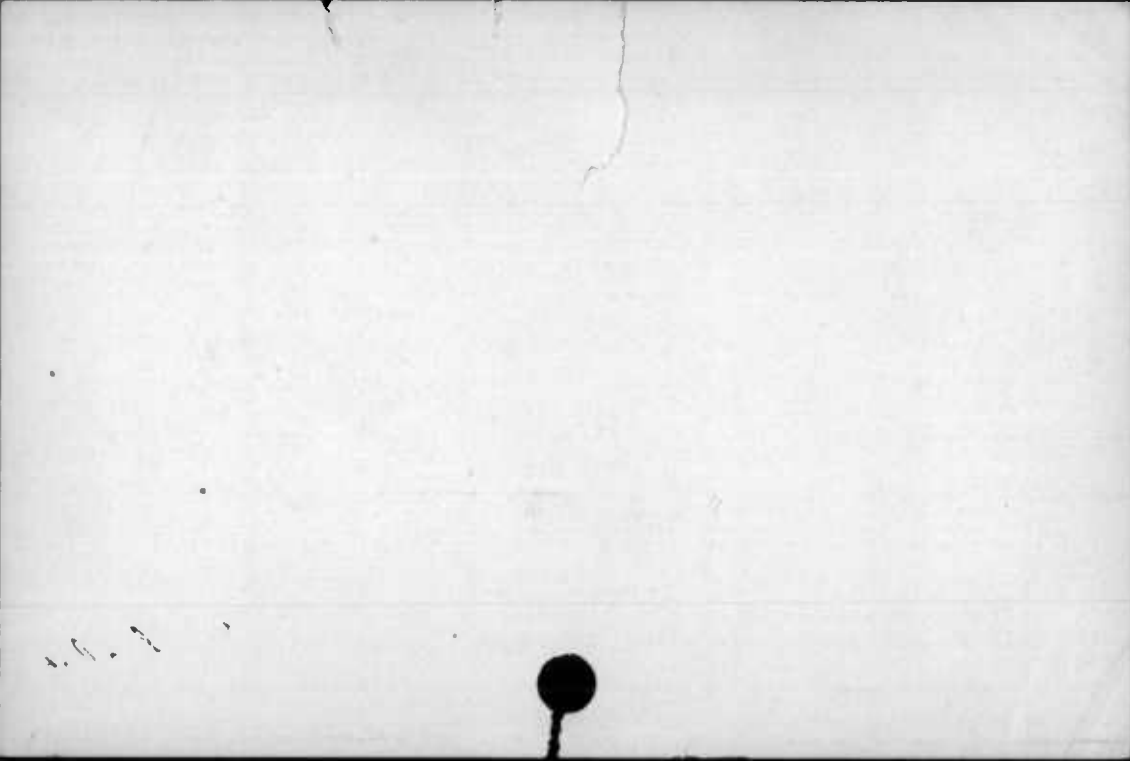
Died ^{Town} near Lisbon ^{County} HowardDate of death 1907 ^{Month} May ^{Day} 8 ^{Years} Age 58 ^{Months} 10 ^{Days} 8Sex Female ^{Color or Race} white ^{Birthplace} Balto Co. MdOccupation House wife ^{Where Residing if not at place of death} at HomeMarried, Single or Widowed Married ^{Name of Wife or Husband} Benjamin Franklin BarnesFather's Name Lizzie Smith ^{Father's Birthplace} UnknownMother's Maiden Name Elizabeth ^{Mother's Birthplace} UnknownName of person giving information Mamie Barnes ^{How related to deceased} Daughter

CAUSES OF DEATH

74

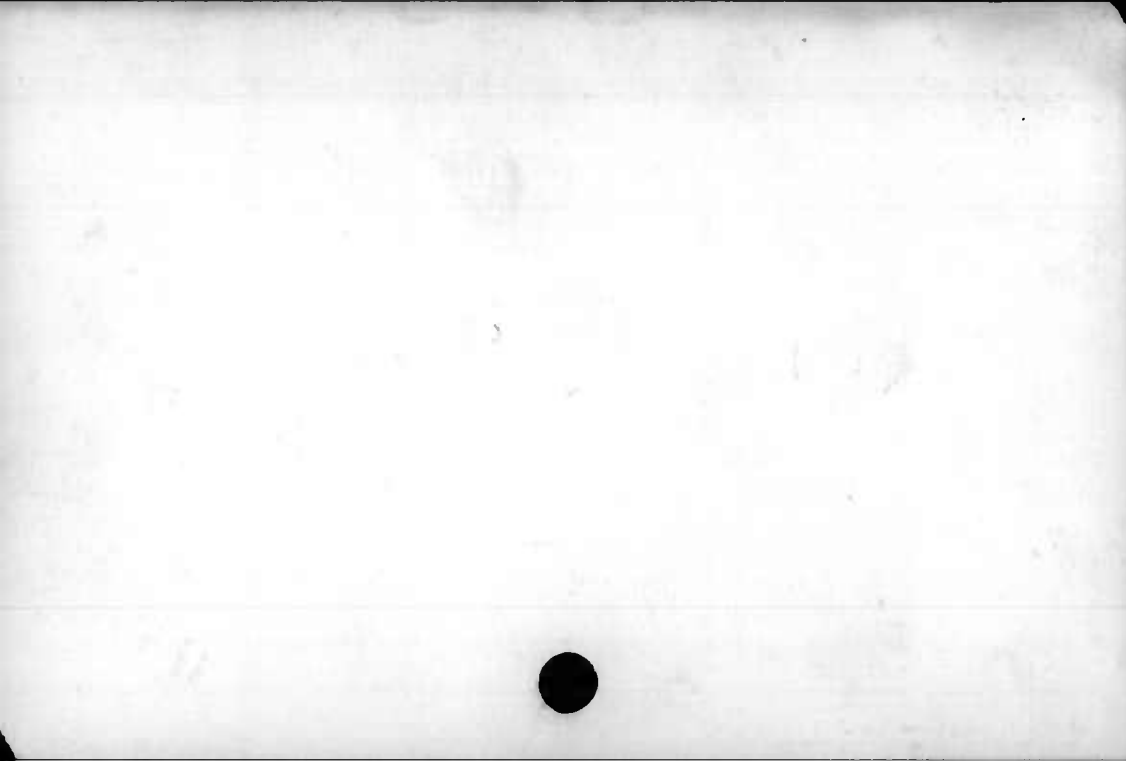
PHYSICIAN
OR CORONERPrimary ^{How long} Neuralgia 3 weeksImmediate ^{How long} Heart failure SuddenAre the name, age, sex, color, date and place correctly given above? yes ^{Signature of Physician} R. O. D. Warfield^{Address} Lisbon, Md

Accident or Suicide?



Name in Full		Martin A. Boone				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		Pine Orchard		County		Howard		MARYLAND		
		Date of death		1907	Month	May	Day	4	Age	Years	Months	Days
		Sex		Male		Color or Race		White		Birth-place		Maryland
		Occupation		none		Where Residing if not at place of death						
		Married, Single or Widowed		Single		Name of Wife or Husband		none				
PHYSICIAN OR CORONER		Father's Name		John G. Boone				Father's Birthplace		Maryland		
		Mother's Maiden Name		Katie A. Boone				Mother's Birthplace		Maryland		
		Name of person giving information		John G. Boone				How related to deceased		Father		
		CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary		Organic heart-disease				How long		since birth		
		Immediate		Hypostatic Pneumonia				How long		7 days		
		Are the name, age, sex, color, date and place correctly given above?		Yes.				Signature of Physician		B. J. Byrnes		
								Address		Ellicott City, Md		
		Accident or Suicide?										

79



Name
in
Full

CERTIFICATE OF DEATH

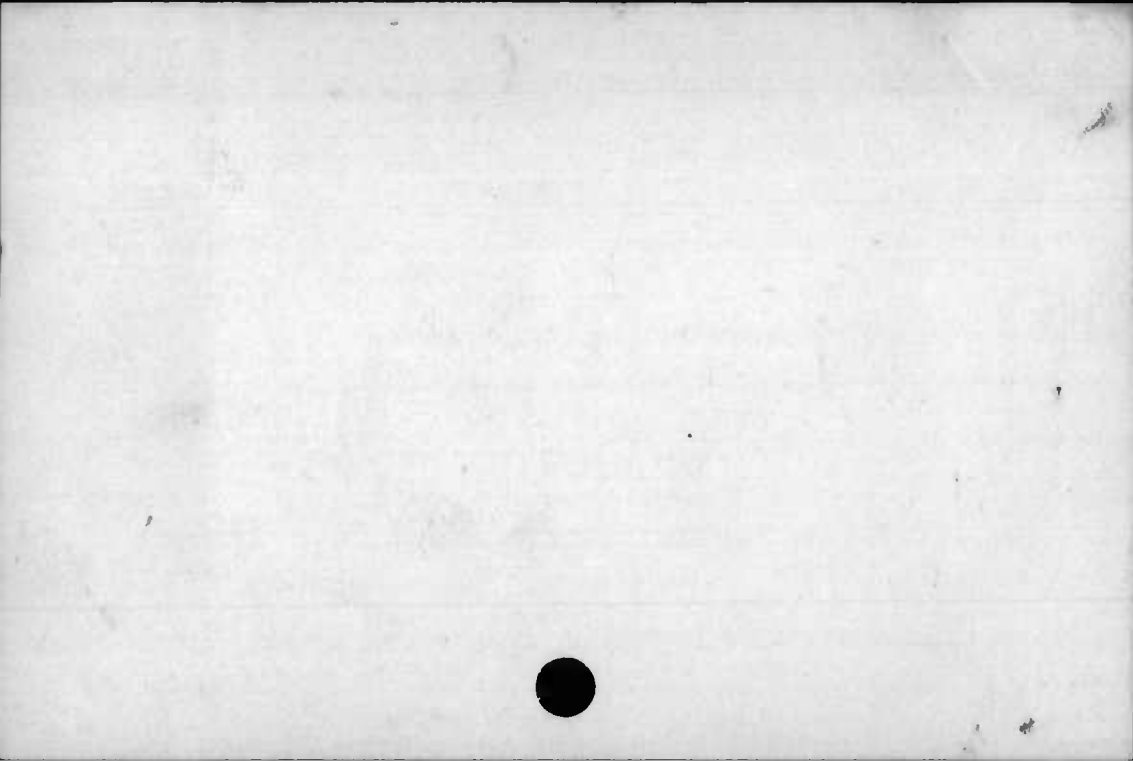
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Lydia Brown</i>		Town <i>near Orange Grove</i>		County <i>Howard</i>		MAYLAND					
Died at		Month <i>May</i>		Day <i>26</i>		Years <i>about 80 yrs</i>		Months <i></i>		Days <i></i>	
Date of death		<i>1907</i>		<i>May</i>		<i>26</i>		Age		<i>about 80 yrs</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth- place <i>Maryland</i>							
Occupation <i>Cook</i>		Where Residing if not at place of death <i>resided at place of death</i>									
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>I was husband</i>									
Father's Name <i>not known</i>		Father's Birthplace <i>not known</i>									
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>not known</i>									
Name of person giving In formation <i>Richard C Morris</i>		How related to deceased <i>not related</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>debility of age</i>	How long <i></i>
Immediate <i>acute nephritis</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur Williams</i>
	Address <i>Elk Ridge Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

William Campbell Jr

CERTIFICATE OF DEATH

MARYLAND

Died at *Annap. Jct.*

Town

Howard

County

Date of death 1907

Month

5

Day

31

Age

Years

Months

Days

1

Sex

*male*Color or
Race*white*Birth-
place*Md*

Occupation

*Infant*Where Residing if not
at place of death*Annap-jct.*Married, Single
or Widowed*single*Name of Wife or
HusbandFather's
Name*William Campbell*Father's
Birthplace*Md*Mother's
Maiden Name*Elizabeth A. Sands*Mother's
Birthplace*Md*Name of person giving
In formation*Wm Campbell*How related
to deceased*Father*

CAUSES OF DEATH

151

Primary

Pernian Brith

How long

Immediate

How long

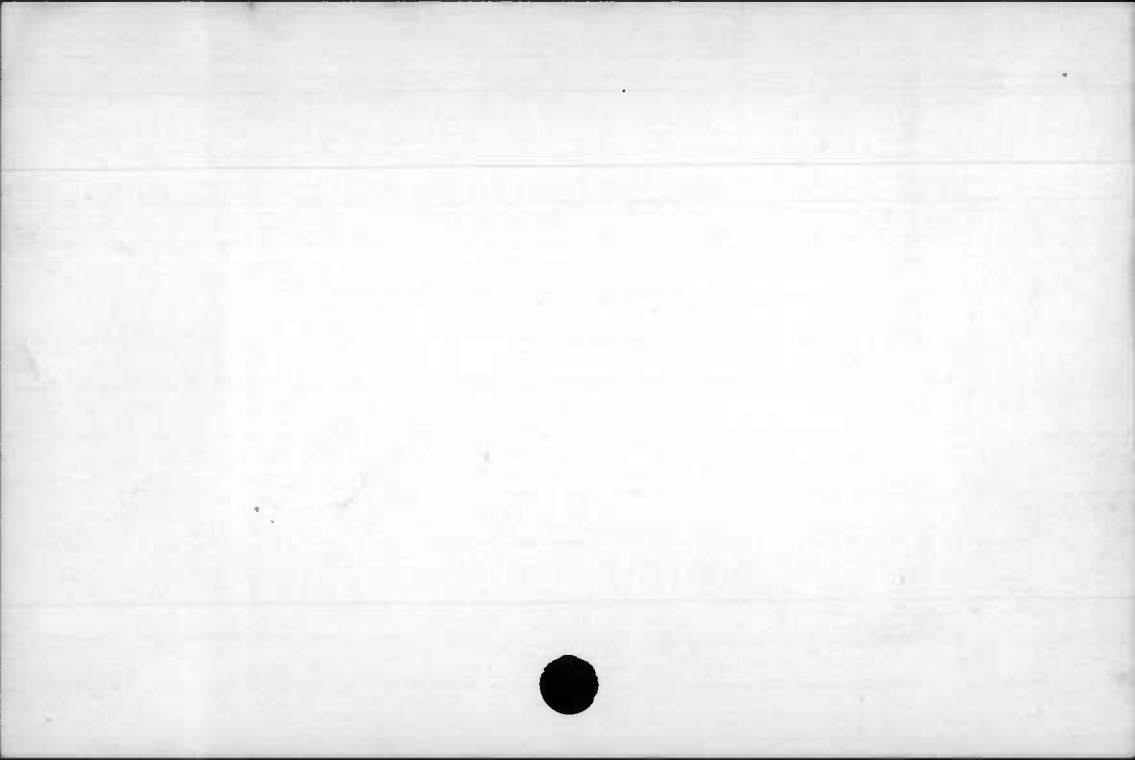
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*William M.D*

Address

Savage

Accident or Suicide?

*no**Md*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Flora Ella Hastings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

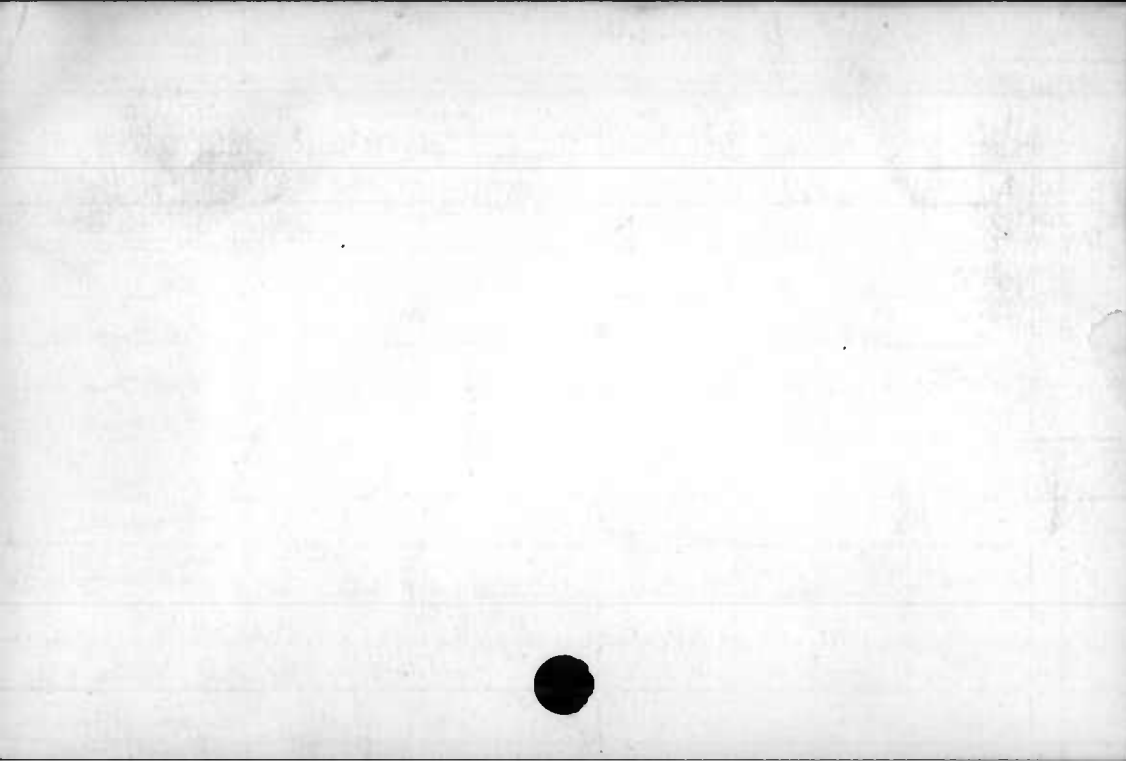
Died at <i>Elkridge</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>11</i>	Age <i>2</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Elkridge</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Wm H Hastings</i>			Father's Birthplace <i>New York</i>		
Mother's Maiden Name <i>Ella Linberger</i>			Mother's Birthplace <i>Elkridge</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

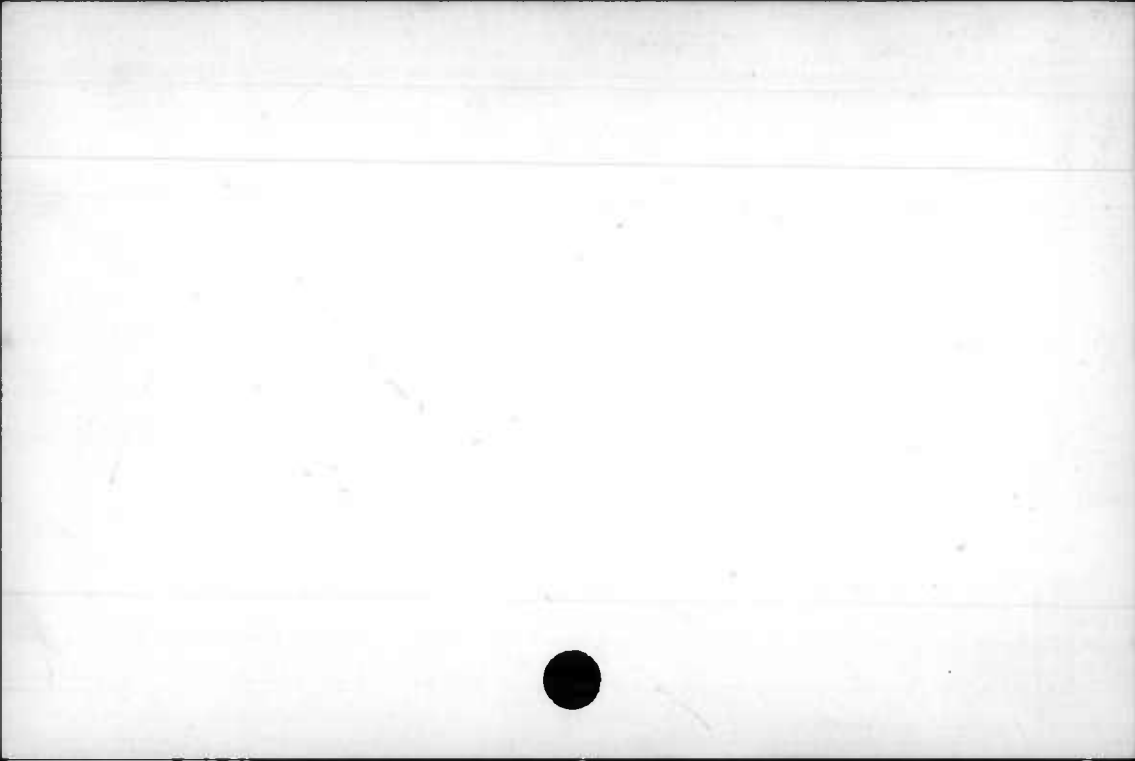
150

PHYSICIAN
OR CORONER

Primary	<i>Congestive defect</i>	How long	<i>2 days</i>
Immediate	<i>"</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Arthur Williams</i>	
		Address	
		<i>Elkridge Ind</i>	
Accident or Suicide?			
<i>No</i>			



Name in Full		Howard				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at	Dayton		Howard		MARYLAND				
	Date of death	1907	Month	May	Day	17	Age	Years	Months	Days
	Sex	Female		Color or Race		Black		Birth-place		Md.
	Occupation						Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband						
	Father's Name	Henry Howard					Father's Birthplace		Md.	
	Mother's Maiden Name	Isabella Hall					Mother's Birthplace		Md.	
Name of person giving information	Henry Howard					How related to deceased		Father		
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary						How long			
	Immediate	Eclampsia & Cerebral					How long		Don't know	
	Are the name, age, sex, color, date and place correctly given above?	yes					Signature of Physician		J. H. Nichols	
							Address		Dayton, Md.	
	Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

Hlysses Jeaneret.

TO BE ANSWERED BY
NEAREST FRIEND

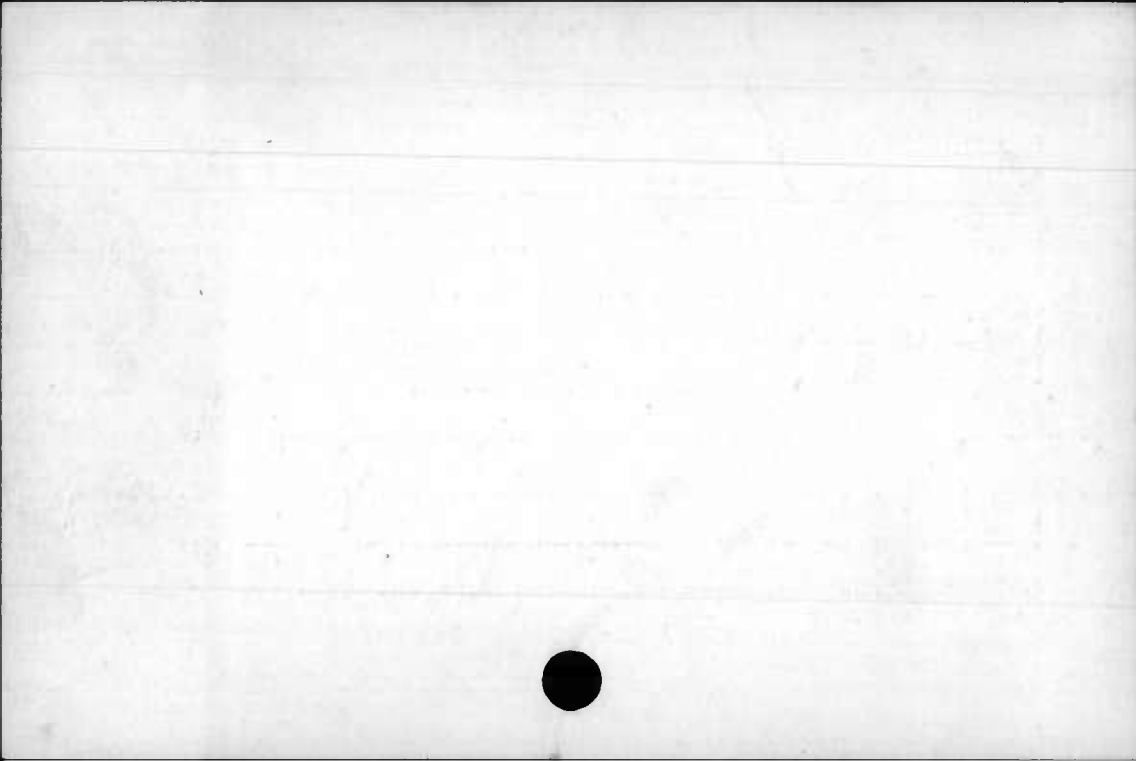
Died at		Town Ellicott City		County Howard		MARYLAND	
Date of death		1907	Month May	Day 17	Age 68	Years	Months Days
Sex Male		Color or Race White		Birth- place Switzerland			
Occupation Fletcher		Where Residing if not at place of death Ellicott City					
Married, Single or Widowed Married		Name of Wife or Husband Annie Jeaneret					
Father's Name don't know		Father's Birthplace don't know					
Mother's Maiden Name don't know		Mother's Birthplace don't "					
Name of person giving In formation Julius Wasch		How related to deceased Brother in Law					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Organic Heart Disease		How long Several yrs	
Immediate Broken Compensation for minutes		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. C. Smith M. D.	
		Address Ellicott City Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

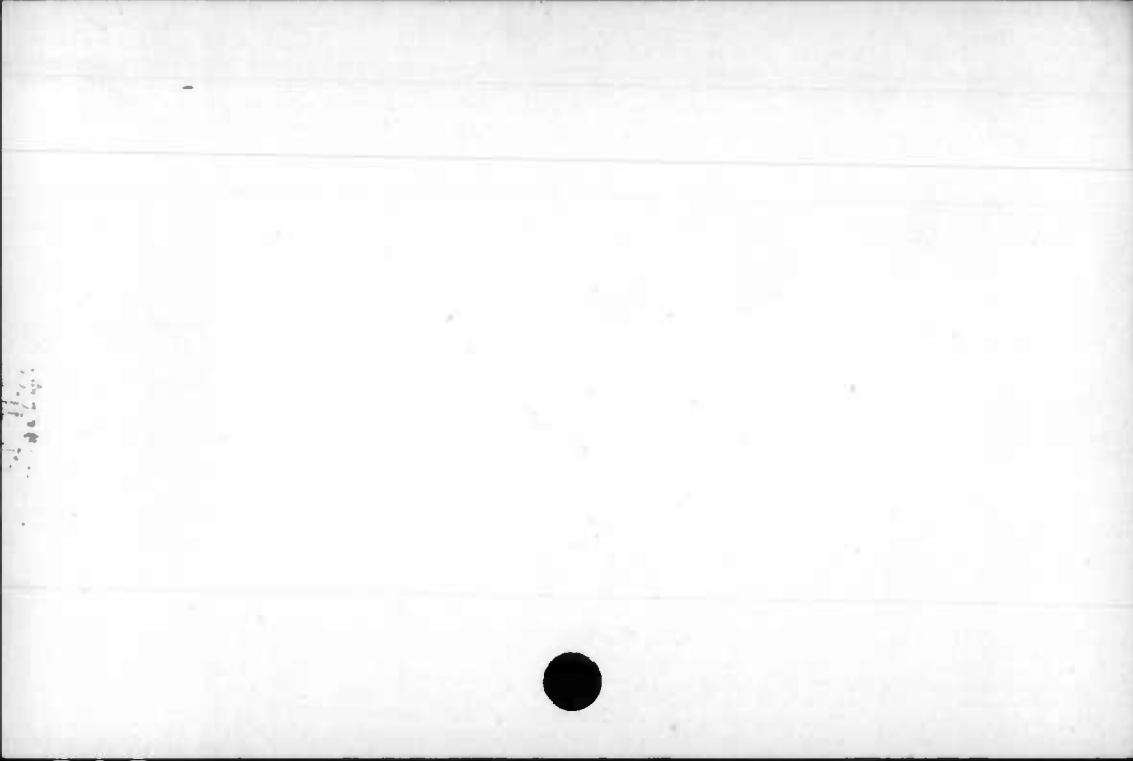
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dayton</u> ^{Town}		<u>Howard</u> ^{County}		MARYLAND	
Date of death	<u>1907</u> ^{Year}	<u>May</u> ^{Month}	<u>30</u> ^{Day}	Age	<u>—</u> ^{Years}
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Ind</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Arthur Jones</u>			Father's Birthplace	<u>Ind</u>
Mother's Maiden Name	<u>Hattie Jones</u>			Mother's Birthplace	<u>Ind</u>
Name of person giving information	<u>Arthur Jones</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Hattie Kane

Town

County

MARYLAND

Died at

Ellicott City

Howard

Date

Month

Day

Years

Months

Days

of death

1907 May

13

Age

18

no

no

Sex

Female

Color or
Race

colored

Birth-
place

Maryland

Occupation

School Girl

Where Residing if not
at place of death

Ellicott City

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

John Kane

Father's
Birthplace

Maryland

Mother's
Maiden Name

Sophia Turner

Mother's
Birthplace

Maryland

Name of person giving
Information

Stearling Haddad

How related
to deceased

none

CAUSES OF DEATH

10

Primary

Influenza followed by

How long

Some weeks

Immediate

meningitis tuberculous

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

B. J. Byrnes

Address

Ellicott City
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

West Liberty Cemetery

Herb Libbert

Batt. Co.

Name
in
Full

Owen H Mercier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

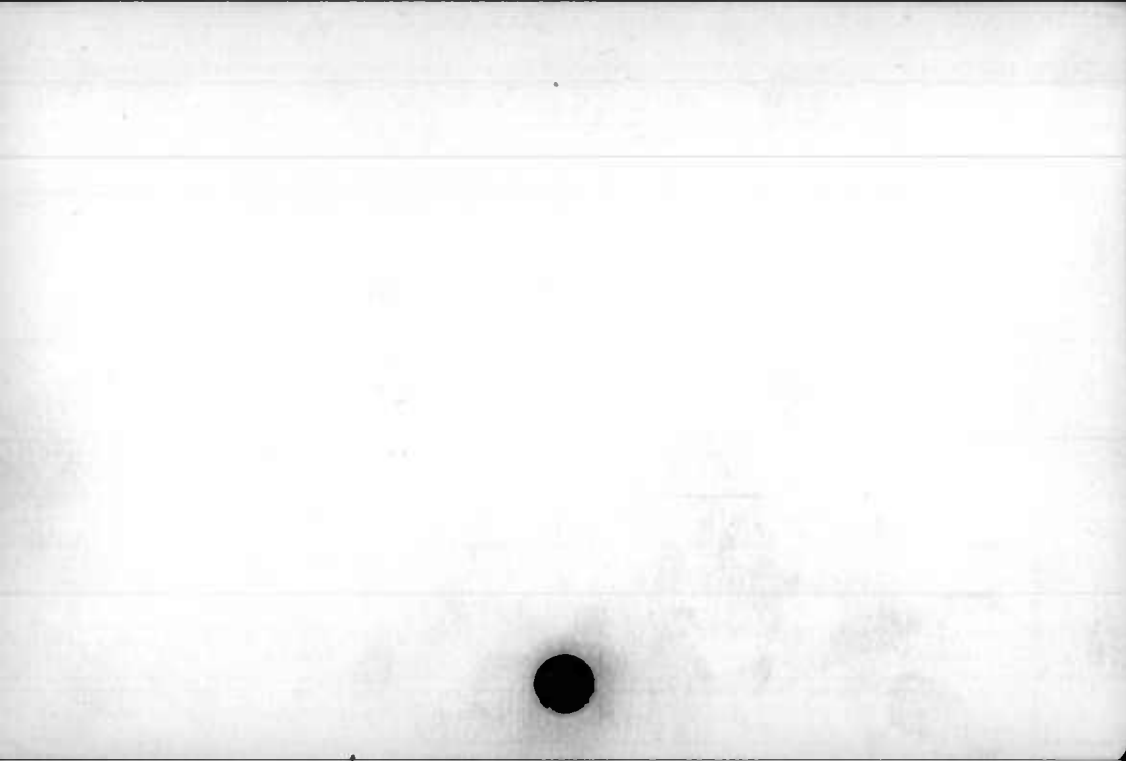
Died at <i>Ellicott City</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month}	<i>May</i> ^{Day}	<i>16</i> ^{Age}	<i>54</i> ^{Years}	<i>5</i> ^{Months}
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Contractor</i>		Birth-place	<i>Maryland</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Amy E & E Fisher</i>	
Father's Name	<i>George W. Mercier</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Emeline Thorn</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>V. Grant Mercier</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis, Bronchiectasis</i>	How long	<i>5 minutes</i>
Immediate	<i>Gangrene of lungs</i>	How long	<i>2 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		
Signature of Physician	<i>Wm. B. Rogers</i>		
Address	<i>Ellicott City, Md</i>		
Accident or Suicide?	<i>No</i>		



Name
in
Full

Alice Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

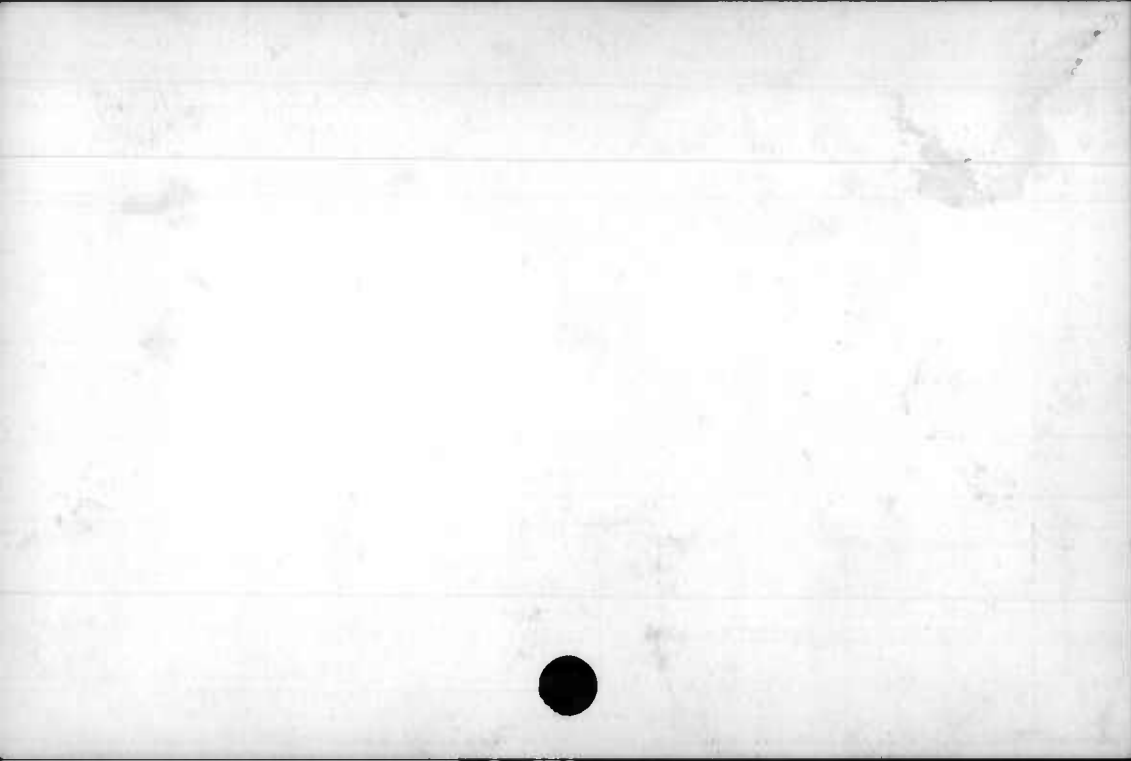
Died at <u>Guilford</u> ^{Town}		<u>Howard Co</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>May</u> ^{Day} <u>24th</u> ^{Years} <u>27</u>		Age <u>27</u>		Months <u>18</u> ^{Days} <u>18</u>	
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Annapolis, Md.</u>	
Occupation <u>Domestic</u>		Where Residing if not at place of death <u></u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Wm. Moore</u>			
Father's Name <u>Josiah Prather</u>		Father's Birthplace <u>Annapolis, Md.</u>			
Mother's Maiden Name <u>Eliza surname unknown</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving information <u>Wm. Moore</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Fatty degeneration of Heart</u>	How long <u>unknown</u>
Immediate <u>Cardiac dilatation</u>	How long <u>17 hours -</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes -</u>	Signature of Physician <u>Chas C. Tumbleton</u>
<u></u>	Address <u>Guilford</u>
<u></u>	<u>Howard Co Md -</u>
Accident or Suicide? <u></u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

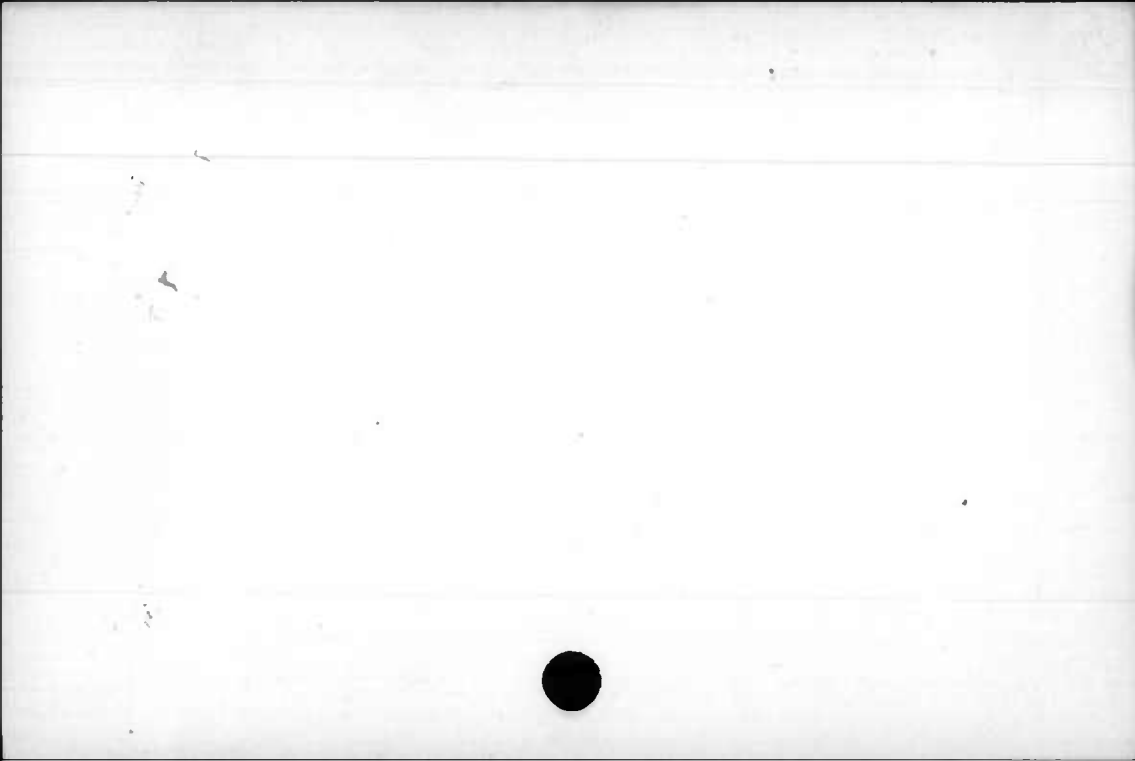
Died at		Town <i>Dayton</i>		County <i>Howard</i>		MARYLAND	
Date of death		1907	Month <i>May</i>	Day <i>25</i>	Age <i>5-2</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ida Thompson</i>					
Father's Name <i>Don't Know</i>		Father's Birthplace <i>Don't Know</i>					
Mother's Maiden Name <i>Don't Know</i>		Mother's Birthplace <i>Don't Know</i>					
Name of person giving information <i>Cleveland Piddicord</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Fabular Tissue of Heart</i>	How long	<i>Don't Know</i>
Immediate	<i>Pulmonary Abscess</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. A. Nichols</i>	
		Address <i>Dayton, Howard Co.</i>	
Accident or Suicide?			



Name
in
Full

Mrs. Sarah Robey.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} High Ridge^{County} Howard

Date

of death

1907

Month

May

Day

18

Age

Years

57

Months

8

Days

Sex

Female

Color or
Race

White

Birth-
place

Occupation

Where Residing if not
at place of death

R. Geo. Co.

Married, Single
or Widowed

Widow

Name of Wife or
HusbandFather's
Name

Henry Willis

Father's
BirthplaceMother's
Maiden Name

Elizabeth Willis

Mother's
BirthplaceName of person giving
Information

Lizzie Bell

How related
to deceased

Daughter

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

1 yr.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

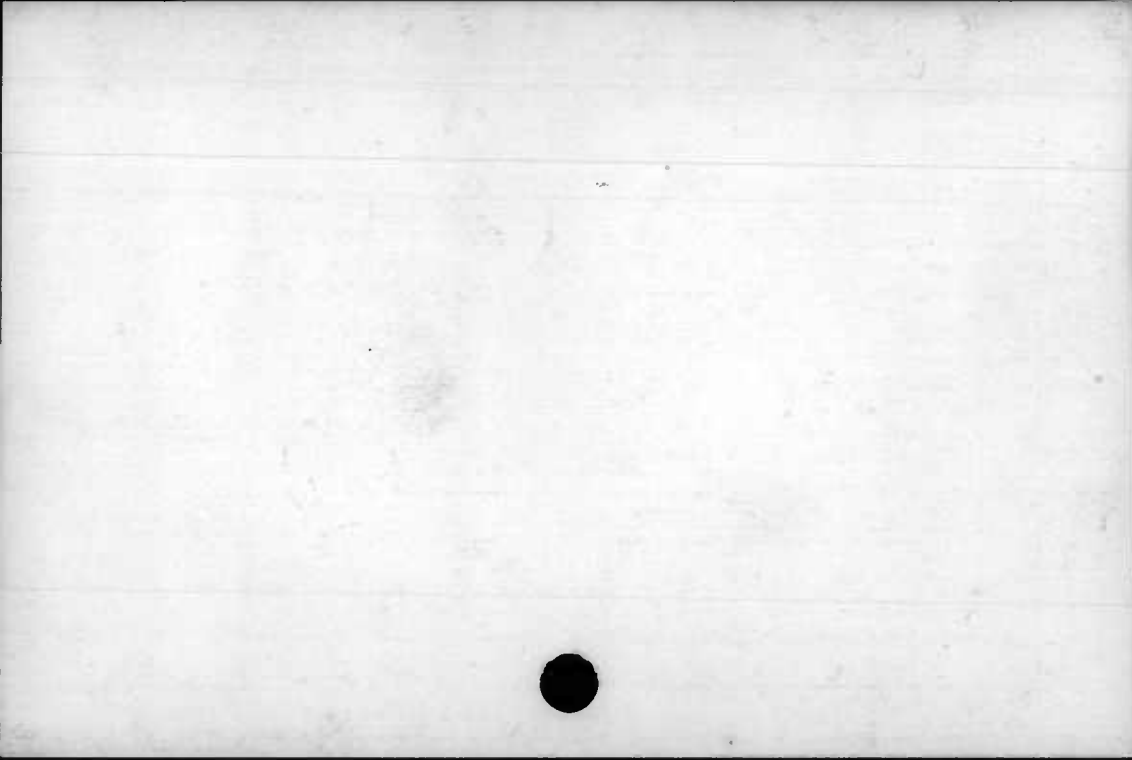
Signature of
Physician

Address

J. P. C. C. C.
Lancaster, Md.

Accident or Suicide?

no



Name
in
Full

No name

Stauffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

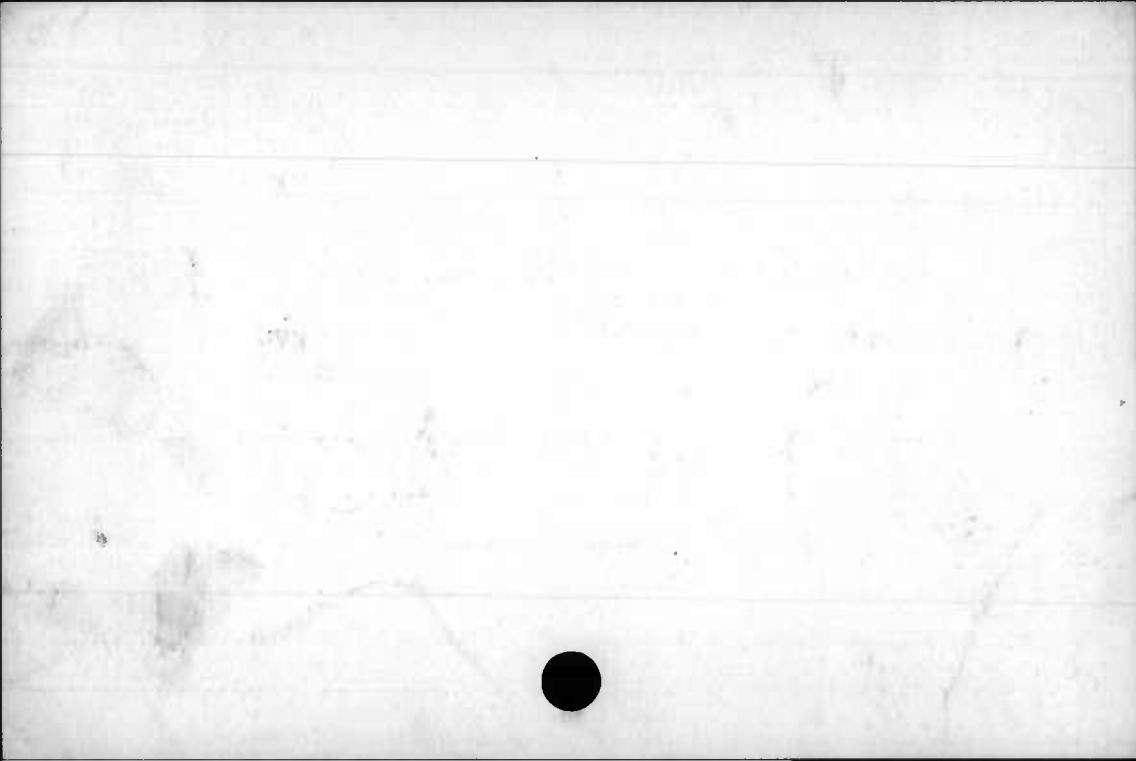
Died at <i>Wilton Farm</i>		County <i>Howard</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>3</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Howard Co., Md.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Daniel F. Stauffer</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Barrie L. Snyder</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Daniel F. Stauffer</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

⑧

PHYSICIAN
OR CORONER

Primary <i>Injury to Mother</i>	How long <i>At about 33 Week</i>
Immediate <i>Died in Utero - 5 1/2 Months</i>	How long <i>about 17 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm B Gaubril</i>
<i>J M Streater</i>	Address <i>Alburtown, Md.</i>
Accident or Suicide?	<i>Sub Reg Alburtown</i>



Name in Full		John Strober				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County			
		alpha		Howard		MARYLAND			
		Date of death		Month		Day		Age	
		1907		May		3rd		82	
		Sex		Color or Race		Birth-place		Months	
male		white		Germany		9			
Occupation		Farmer		Where Residing if not at place of death		at home			
Married, Single or Widowed		Name of Wife or Husband		Elenora Hindel					
Father's Name		not known		Father's Birthplace		Germany			
Mother's Maiden Name		not known		Mother's Birthplace		Germany			
Name of person giving information		Ella Redmond		How related to deceased		Grand daughter			
				CAUSES OF DEATH		(66)			
PHYSICIAN OR CORONER		Primary		Hemiplegia		How long			
		General prostration		7 months					
		Immediate		about 4 weeks					
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
		alpha		Benj. F. Shipley		Address			
				Howard Co		Md			
Accident or Suicide?									

James Redmond